

FAX

RECEIVED
CENTRAL FAX CENTER

MAY 26 2004

OFFICIAL

ATTN. Stephen Elmore

Fax Number 1 703 872 9306

Phone Number 703 308 6526

FROM Volel Emile

Fax Number (512) 306-0240

Phone Number (512) 306-7969

SUBJECT Response to Office Action (10/015,241)

Number of Pages 30

Date 5/26/2004

MESSAGE

This fax transmission contains:

1. one copy of a Treansmission Form;
2. two copies of a Transmittal Letter/Transmittal Fee;
3. one copy of the Response.

Volel

DOCKET NUMBER: AUS920010863US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIALIn re: Application of:
Fought et al.

Serial No: 10/015,241

Filed: 12/13/2001

Title: APPARATUS AND METHOD FOR
STORING DATA INTO INCOMPATIBLY
FORMATTED STORAGE SYSTEMS:
: Before the Examiner:
: Stephen C. Elmore
:
: Group Art Unit: 2186
:
: Confirmation No.: 6293
:RECEIVED
CENTRAL FAX CENTER

MAY 26 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

 No additional fee is required
 X The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	31	MINUS	20	=	11	x 18 =	\$198.00
Indep.	26	MINUS	12	=	14	x 86 =	\$1204.00
1st Presentation of Multiple Dep. Claim						x 260 =	\$ 0.00
TOTAL							\$1402.00

 X Please charge my Deposit Account No. 09-0447 in the amount of \$ 1,402.00.
A duplicate copy of this sheet is enclosed. X The Commissioner is hereby authorized to charge payment of the following
fees associated with this communication or credit any overpayment to
Deposit Account 09-0447. A duplicate copy of this sheet is enclosed. X Any additional fees required under 37 CFR \$1.16 for the presentation
of extra claims. X Any patent application processing fees under 37 CFR \$1.17.

Respectfully submitted,

By: Volel Emile
Registration No. 39,969
(512) 336-1586

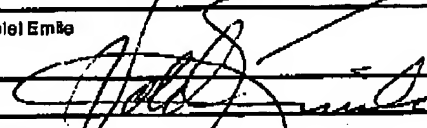
PTO/RS/21 (02-04)

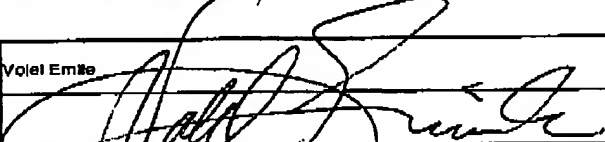
Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/015,241
	Filing Date	12/19/2001
	First Named Inventor	Fought et al.
	Art Unit	2188
	Examiner Name	Stephen C. Elmore
Total Number of Pages in This Submission	Attorney Docket Number	AUS920010883US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Volet Emile	
Signature		
Date	05/26/2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Volet Emile	
Signature		Date 05/26/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DOCKET NUMBER: AUS920010863U91

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: :
 Fought et al. : Before the Examiner:
 : Stephen C. Elmore
 Serial No: 10/015,241 :
 : Group Art Unit: 2186
 Filed: 12/13/2001 :
 : Confirmation No.: 6293
 Title: APPARATUS AND METHOD FOR :
 STORING DATA INTO INCOMPATIBLY :
 FORMATTED STORAGE SYSTEMS :

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

 No additional fee is required
 X The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	31	MINUS	20	=	11	x 18 =	\$198.00
Indep.	26	MINUS	12	=	14	x 86 =	\$1204.00
1st Presentation of Multiple Dep. Claim						x 260 =	\$ 0.00
						TOTAL	\$1402.00

 X Please charge my Deposit Account No. 09-0447 in the amount of \$ 1,402.00.
 A duplicate copy of this sheet is enclosed.

 X The Commissioner is hereby authorized to charge payment of the following
 fees associated with this communication or credit any overpayment to
 Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

 X Any additional fees required under 37 CFR §1.16 for the presentation
 of extra claims.

 X Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

By: 

Volel Emile
 Registration No. 39,969
 (512) 336-1586